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THE CONNECTION BETWEEN CULTURE AND FOOD TABOOS AMONG BREASTFEEDING MOTHERS: A LITERATURE REVIEW

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ABSTRACT

Background: *Optimal maternal nutrition during breastfeeding is crucial for the health of both mother and infant, yet many women face culturally rooted food taboos that restrict nutrient-rich foods, leading to reduced dietary diversity and micronutrient deficiencies. Culturally rooted food taboos, reinforced by food insecurity and limited nutrition education, highlight the need for context-sensitive strategies to improve maternal and infant health.*
Objectives: *This literature review explores the nutritional consequences of cultural food taboos among breastfeeding mothers and their implications for maternal and infant health.*
Methods: *This study employed a literature review approach, to identify and synthesize existing research on food taboos among breastfeeding mothers. A systematic search was conducted in the PubMed database using the keywords "food taboo", "culture", and "breastfeeding mothers". After applying inclusion and exclusion criteria, four relevant articles published between 2015 and 2025 were selected. Data were extracted and thematically analyzed to explore cultural rationales and nutritional implications.*
Results *Food taboos during breastfeeding often limit nutritious foods and may lead to nutrient deficiencies in mothers and infants. These taboos are shaped by culture and beliefs, and understanding their social meaning is key. Respectful, culturally sensitive nutrition education can help improve health outcomes.*
Conclusion: *Food taboos among breastfeeding mothers, though intended to protect health, can reduce dietary diversity and lead to micronutrient deficiencies, affecting maternal recovery, breast milk quality, and infant development. Effective interventions should be culturally sensitive and grounded in an understanding of the sociocultural meanings behind these practices.*

Keywords: *Breastfedding mothers; culture; food taboos*

ABSTRAK

Latar belakang: *Gizi yang optimal pada ibu menyusui sangat penting untuk kesehatan ibu maupun bayi, namun banyak perempuan menghadapi pantangan makanan yang berakar pada budaya, yang membatasi konsumsi makanan bergizi dan menyebabkan rendahnya keberagaman makanan serta kekurangan mikronutrien. Pantangan makanan yang dilandasi budaya, diperkuat oleh ketidakamanan pangan dan minimnya edukasi gizi, menekankan perlunya strategi yang sensitif terhadap konteks untuk meningkatkan kesehatan ibu dan anak.*
Tujuan: *Tinjauan pustaka ini membahas dampak nutrisi dari pantangan makanan berbasis budaya pada ibu menyusui serta implikasinya terhadap kesehatan ibu dan bayi.*
Metode: *Penelitian ini menggunakan pendekatan tinjauan pustaka untuk mengidentifikasi dan mensintesis penelitian yang telah ada mengenai pantangan makanan pada ibu menyusui. Pencarian sistematis dilakukan melalui basis data PubMed dengan menggunakan kata kunci "food taboo", "culture", dan "breastfeeding mothers". Setelah menerapkan kriteria inklusi dan eksklusi, empat artikel relevan yang diterbitkan antara tahun 2015 hingga 2025 dipilih. Data dari artikel tersebut diekstraksi dan dianalisis secara tematik untuk menggali alasan budaya dan implikasi nutrisinya.*
Hasil: *Pantangan makanan selama menyusui seringkali membatasi konsumsi makanan bergizi dan dapat menyebabkan kekurangan nutrisi pada ibu dan bayi. Pantangan ini dibentuk oleh budaya dan kepercayaan, dan memahami makna sosialnya sangat penting. Pendidikan gizi yang menghormati dan peka terhadap budaya dapat membantu meningkatkan hasil kesehatan.*
Simpulan: *Pantangan makanan pada ibu menyusui, meskipun bertujuan melindungi kesehatan ibu dan bayi, dapat mengurangi keberagaman makanan dan menyebabkan defisiensi zat gizi mikro, sehingga berdampak pada pemulihan ibu, kualitas ASI, dan tumbuh kembang bayi. Pendekatan intervensi yang efektif perlu mempertimbangkan makna sosial budaya dari praktik ini melalui pemahaman yang sensitif dan menghargai budaya.*

Kata Kunci: *Budaya; ibu menyusui; pantang makanan*

INTRODUCTION

Optimal maternal nutrition during breastfeeding is vital for both the mother's recovery and the infant's growth. Lactation increases the demand for energy, protein, and key micronutrients like vitamins A, D, B6, B12, folic acid, calcium, iodine, and iron. Inadequate intake can deplete maternal nutrient stores, raising the risk of deficiencies that may compromise the health of both mother and child. Continued consumption of nutrient-rich foods or supplements helps maintain maternal health and supports the nutritional quality of breast milk[1–4]. Since infants rely entirely on breast milk for the first six months, the mother's diet directly influences its nutrient content. Deficiencies in maternal intake especially of vitamins A, B12, D, and iodine can impair an infant's neural development, immunity, and growth. While dietary planning can often prevent these issues, certain groups (e.g., adolescents, vegetarians, and low-income mothers) may require extra support. The gap lies in ensuring effective, accessible nutrition strategies tailored to different populations during lactation[1–4].

Food taboos are culturally or socially imposed restrictions on certain foods or drinks, often grounded in religious, historical, or health-related beliefs. These prohibitions may be permanent for some groups or temporary during specific life stages like pregnancy or illness. Avoided foods vary by culture ranging from meat and eggs to fruits and are typically justified by ideas of health, purity, or social norms. The gap lies in understanding how such taboos impact nutritional intake, especially during vulnerable periods like pregnancy or breastfeeding[5–8]. Food taboos are not merely dietary restrictions but deeply embedded cultural practices that serve multiple purposes. They often aim to protect health particularly in vulnerable groups like pregnant women by avoiding foods believed to cause harm. Taboos also help manage natural resources and reinforce social identity and cohesion through shared beliefs and practices. Additionally, they play symbolic roles in rituals and life transitions[5–10].

Cultural food taboos often limit breastfeeding mothers from consuming nutrient rich foods like fish, eggs, and certain fruits, based on beliefs about potential harm to the baby or complications during lactation. Common in regions such as Eastern Uganda and parts of Africa and Asia, these taboos rooted in tradition and passed down by elders can reduce dietary diversity and contribute to micronutrient deficiencies in both mother and infant. The issue is further worsened by food insecurity and economic hardship[11–15]. Cultural beliefs strongly influence food taboos among breastfeeding mothers, often labeling certain foods as harmful based on traditional knowledge passed down through generations. In communities such as those in Indonesia, foods like eggs, papaya, seafood, and spicy fruits are avoided due to fears of harming the baby or affecting milk quality. Though intended to protect maternal and infant health, these taboos rooted more in cultural identity than scientific evidence can reduce dietary diversity and limit intake of vital nutrients[11, 16–18].

Food taboos during breastfeeding can significantly reduce dietary diversity and increase the risk of micronutrient deficiencies in both mothers and infants. A large study in Myanmar found that 40% of breastfeeding mothers avoided at least one healthy food group, leading to lower dietary diversity postpartum and potential negative impacts on infant growth and development[19]. Many common food restrictions during breastfeeding such as avoiding spicy foods, caffeine, or animal products stem from cultural beliefs about their effects on breast milk or infant health, yet they often limit intake of key nutrients vital for maternal recovery and infant development. These taboos can contribute to maternal malnutrition, lower milk quality, and even early cessation of exclusive breastfeeding due to perceived inadequacy of breast milk[11, 19–21]. Food taboos tend to have a greater impact on women with lower education or limited access to nutritional guidance, worsening existing health disparities. Tackling these challenges requires culturally sensitive nutrition education and community engagement to shift harmful practices while respecting traditional beliefs[8, 11, 19, 22].

Food taboos among breastfeeding mothers are often shaped by traditional beliefs passed down through family elders and fueled by health-related fears, such as concerns that certain foods may harm the infant or affect breast milk quality. These culturally rooted misconceptions commonly lead to the avoidance of nutrient-rich foods like fish, eggs, fruits, and vegetables[9, 11, 12, 14]. Cultural food taboos among breastfeeding mothers are influenced by a mix of traditional knowledge, health beliefs, social norms, religious practices, and economic factors. Social pressure and community expectations often compel mothers to adhere to these taboos, which can limit the intake of nutrient-rich foods essential for both maternal recovery and infant development. Factors like lower education levels, poverty, and misconceptions about food properties, such as fears of "hot" or "cold" foods, exacerbate these restrictions, leading to potential nutritional deficiencies[11, 12, 14, 15, 23, 24]. Food taboos during breastfeeding commonly lead to the avoidance of diverse, nutrient-rich foods including caffeine, spicy

or raw foods, cold foods, fruits, vegetables, and animal products based on cultural beliefs or vague concerns about their impact on infant health and breast milk quality. For instance, a Korean study showed that over 90% of mothers avoided caffeine and 85% avoided spicy foods, fearing issues like allergies or colic. Similarly, in Myanmar, 40% of mothers avoided at least one healthy food group postpartum, resulting in a significant decline in dietary diversity that persisted for six months and increased the risk of micronutrient deficiencies. These taboos not only affect maternal and infant nutrition but also contribute to early cessation of exclusive breastfeeding, as mothers struggle with confusing or overly strict dietary rules[19, 20].

Cultural food taboos strongly shape the diets of breastfeeding mothers, often leading to the avoidance of nutrient-rich foods essential for maternal recovery and infant development. Despite their deep cultural roots, these taboos contribute to reduced dietary diversity and micronutrient deficiencies a gap that calls for culturally sensitive interventions to improve maternal and infant nutrition in low-resource settings[10, 11, 13, 14, 23].

METHOD

Search Strategy

A structured literature search was conducted using the PubMed database to identify relevant studies on food taboos in the context of breastfeeding and cultural beliefs. The initial search using the keyword "food taboo" yielded 166 articles. This was refined by combining terms: "food taboo" AND "culture", which resulted in 107 articles. A more specific search using "food taboos" AND "breastfeeding mothers" produced 10 articles. After screening titles, abstracts, and full texts based on inclusion and exclusion criteria, 4 articles published between 2015 and 2025 were selected for final analysis.

Inclusion and Exclusion Criteria

All articles were retrieved from the PubMed database. Studies were included if they focused on food taboos practiced during the breastfeeding period and discussed the cultural or social context of dietary restrictions among lactating mothers. Only articles published in English between 2015 and 2025 were considered. Eligible studies were required to provide empirical data or qualitative insights regarding the impact of food taboos on maternal or infant nutrition. Studies were excluded if they did not focus on the breastfeeding period, addressed food taboos outside the context of maternal nutrition, or were in the form of reviews, editorials, or commentaries without original data.

Data Extraction and Analysis

Relevant data from the included articles were extracted using a standardized form covering study design, setting, population characteristics, types of food taboos, cultural rationale, and nutritional implications. The findings were analyzed thematically to identify common patterns, cultural drivers, and potential nutritional impacts of food taboos among breastfeeding mothers. Thematic synthesis was used to draw conclusions and highlight implications for culturally sensitive nutrition interventions.

RESULT

Theoretical Frameworks

Theoretical frameworks such as symbolic interactionism and cultural relativism provide important lenses for understanding food choices among breastfeeding mothers. Symbolic interactionism views food not merely as a biological need but as a social symbol filled with meanings shaped by daily interactions, rituals, and cultural contexts[25]. Within this framework, food choices communicate social identities, values, and relationships. For example, avoiding certain foods during breastfeeding may symbolize adherence to cultural beliefs or respect for elders' advice. Food sharing and restrictions become ways to express belonging, signal care, or reinforce social roles especially for women whose roles as mothers are culturally reinforced through food practices. Yet, the meaning of these food choices is dynamic and evolves as mothers interact with their families and communities[26–28].

Meanwhile, cultural relativism emphasizes understanding and respecting food practices within their cultural contexts rather than judging them by outside standards. Each culture has its own dietary traditions shaped by religion, geography, and social norms. For breastfeeding mothers, food taboos often arise from well-intentioned traditional beliefs aimed at protecting maternal or infant health. While these restrictions may limit nutrient intake, cultural relativism encourages healthcare providers to approach these practices with sensitivity. Recognizing culturally specific eating patterns allows nutrition counselors to build trust and offer tailored recommendations that are more likely to be accepted and effective[27–31].

The gap lies in integrating these frameworks into practical interventions that both respect cultural values and address the nutritional risks associated with food taboos. Many health programs overlook the social meanings of food and impose one-size-fits-all dietary guidelines. Without understanding the symbolic and cultural significance of food choices, such interventions risk rejection or low adherence.

Therefore, incorporating symbolic interactionism and cultural relativism into nutrition education can lead to more respectful, effective, and sustainable strategies for improving maternal and infant health in culturally diverse communities[26–28, 32].

Anthropological studies show that food taboos are widespread and deeply rooted in religious, social, and ecological systems, serving functions such as health protection, social regulation, and environmental conservation, as seen in diverse cultures including the Coastal Endenese of Eastern Indonesia[33]. Food taboos in African[10, 34], Asian[18], and Latin American[6, 33] societies are deeply rooted in religious, cultural, and ecological beliefs, influencing dietary intake through gender- and health-based restrictions, reinforcing social identity, and contributing to environmental conservation. Maternal nutrition plays a crucial role in fetal development and long-term child health, where both low and excessive intake of protein[35], limited dietary diversity and micronutrient deficiencies[36, 37], high-sugar or nutrient-restricted diets[38, 39], culturally driven food avoidances[36, 37], imbalanced carbohydrate consumption[40], and poor nutrition from preconception onward[39, 41, 42] are all linked to adverse pregnancy outcomes, growth restrictions, and chronic diseases in offspring.

Food taboos during lactation are prevalent across cultures including in India[12], Korea[43], Indonesia[16], Mexico[44], and Cambodia[13] and typically involve avoiding specific foods due to beliefs about their effects on breast milk and infant health, which, despite cultural significance, may risk maternal micronutrient deficiencies and highlight the need for culturally sensitive nutrition education. Food taboos rooted in cultural, spiritual, and ecological systems serve multiple functions such as protecting maternal and infant health[33, 45], maintaining spiritual and social order[6, 45, 46], reinforcing group identity and hierarchy[6, 33], conserving biodiversity through regulated consumption and transmitting traditional knowledge across generations via family and community networks[33, 45].

Cultural Influences On Food Taboos Among Breastfeeding Mothers

Religious rituals and beliefs influence mental health by offering coping frameworks that promote positive emotions like gratitude and hope, though the impact of religiosity on well-being varies across individual and cultural contexts, with some studies reporting mixed outcomes[47–49]. Traditional knowledge, often passed down orally and adaptable to changing conditions, is experiencing measurable decline among groups like the Tsimane' due to cultural shifts and proximity to markets[50], yet remains vital in areas such as medicine informing drug development like artemisinin for malaria[51] and in ecological stewardship and climate resilience, though integration into modern systems requires respectful, ethical collaboration to avoid biopiracy and epistemological conflicts[51–54]. Social norms unwritten rules shaped by social expectations and pressures from peers and family guide individual behavior within societies[55], and can evolve or be shifted through targeted interventions, feedback, and public commitments that challenge misperceptions and foster new, positive norms[56–59]; these norms are reinforced through community enforcement, social identification, and institutional signals that coordinate behaviors and shape perceptions across groups[55, 57–59].

Impacts Of Food Taboos On Maternal And Infant Health

Food taboos often stem from cultural protection beliefs aimed at safeguarding maternal and infant health, such as avoiding foods thought to cause miscarriage or illness[22, 60], and may also function to reduce exposure to harmful substances by restricting potentially contaminated or risky foods like raw fish or alcohol[13, 22], while in some cultures, they coexist with positive dietary practices that promote the intake of nutritious foods like liver, fish, and leafy vegetables during pregnancy and postpartum[13]. Food taboos can lead to the avoidance of nutrient-rich foods such as meat, eggs, milk, fruits, and vegetables, resulting in protein-energy malnutrition and deficiencies in micronutrients like iron, calcium, and vitamins A and B complex, particularly among pregnant and lactating women[5, 22, 61, 62]. This maternal undernutrition is associated with adverse pregnancy outcomes including intrauterine growth retardation, low birth weight, preterm birth, anemia, and increased maternal mortality[61, 62]. Furthermore, inadequate maternal nutrition may pose long-term health risks for the child, such as poor growth, higher susceptibility to infections, and chronic diseases later in life[13, 61], while social and psychological stress from family or community pressure to follow food taboos may reduce women's autonomy in making healthy dietary choices and further impact their health[13].

Tabel 1. Case Studies

Study/Location	Key Findings	Food Taboos Examples	Health Impacts
Rural Ethiopia[5, 61]	~50% pregnant women practiced food taboos; avoidance linked to beliefs about difficult labor, fetal harm	Honey, linseed, milk/yogurt, banana, cabbage, legumes, coffee, alcohol	Increased risk of anemia, low birth weight, prolonged labor
Rural Cambodia[63, 64]	Avoidance of meat, fish, certain vegetables postpartum; spicy foods and sugar-sweetened beverages avoided during pregnancy	Fish without scales, chicken, bamboo shoots, chili, soft drinks	Poor maternal nutrition, potential infant growth retardation
Sub-Saharan Africa[62]	41% prevalence of food taboos; common restrictions on meat, eggs, milk, honey, legumes	Meat, honey, milk, eggs, cereals, chili peppers	Nutritional deficits, developmental problems, anemia
General Review[65]	Food taboos widespread globally with cultural rationales; often target pregnant women to protect newborns	Various culturally specific foods	Both protective beliefs and nutritional risks

DISCUSSION

Food taboos during breastfeeding can jeopardize maternal and infant health by limiting access to essential nutrients. These risks underscore the importance of healthcare providers developing cultural competence and humility to build trust and deliver effective, patient-centered care [66, 67]. Delivering patient-centered, culturally safe care that considers cultural determinants of health enhances engagement, satisfaction, and health outcomes, particularly among marginalized populations who may face systemic discrimination[67, 68]. Effective communication that bridges linguistic and cultural differences is vital for accurate diagnosis and treatment adherence[66, 68], while community engagement ensures culturally relevant and sustainable health interventions[67, 69]. Ethical care requires balancing respect for cultural diversity with the need to protect health and well-being[19, 70], supported by training and policies that institutionalize culturally competent care within healthcare systems[68, 70, 71]. The integration of cultural competence and humility into healthcare practice is essential for delivering ethical, patient-centered care that addresses health disparities and promotes equity. By fostering effective communication, engaging communities, and implementing inclusive training and policies, healthcare systems can build trust, enhance health outcomes, and ensure that services are accessible, acceptable, and respectful of cultural diversity.

Culturally appropriate nutritional counselling, which involves tailoring dietary guidance to align with individuals' cultural beliefs, food preferences, and local contexts, plays a vital role in enhancing comprehension, acceptance, and sustained adherence to nutritional recommendations, particularly among diverse and underserved populations[72]. By integrating local cultural knowledge, considering food availability, and respecting traditional practices, such counselling empowers individuals to make informed and realistic dietary choices within their financial and social circumstances, thereby supporting improved nutritional literacy, chronic disease management, and overall health outcomes[72–74]. Moreover, this culturally sensitive approach strengthens the therapeutic alliance between patients and healthcare providers by honoring patients' identities and traditions, reducing communication barriers, and promoting mutual trust and satisfaction with care[73–75]. Ultimately, culturally appropriate nutritional counselling serves as a practical and ethical strategy for addressing health disparities, enabling sustainable dietary changes, and fostering equity in nutrition and public health interventions[72–75].

To strengthen the impact of maternal and child health initiatives, it is essential to prioritize culturally appropriate nutrition education as a foundation for future interventions. These programs, which respect cultural beliefs, local food practices, and social norms, have proven effective in improving maternal knowledge, infant feeding behaviours, and overall health outcomes. Therefore, integrating such approaches into routine healthcare services, involving communities, and addressing language and literacy barriers should guide future practice and inform the direction of ongoing research. Recommendations for future practice and research; culturally appropriate nutrition education programs are vital for improving maternal and infant health, as they combine evidence-based guidance

with respect for local beliefs, food practices, and social norms to enhance relevance and sustainability[76]. Tailored interventions especially those involving families and community health workers have been shown to improve maternal knowledge, infant feeding, and nutritional outcomes by addressing cultural barriers and using familiar, accessible foods[69, 76, 77]. Incorporating culturally sensitive communication strategies and integrating these programs into existing health systems can further strengthen their impact, particularly in low-literacy and underserved populations[78, 79].

CONCLUSION

Food taboos among breastfeeding mothers are deeply embedded cultural practices that, while often rooted in intentions to protect maternal and infant health, can significantly reduce dietary diversity and lead to micronutrient deficiencies. These taboos, prevalent across various cultural settings, frequently restrict the consumption of nutrient-dense foods such as eggs, fish, meat, fruits, and vegetables. As a result, both mothers and infants may face nutritional inadequacies that compromise postpartum recovery, milk quality, and optimal infant development. Theoretical frameworks like symbolic interactionism and cultural relativism highlight the importance of understanding the sociocultural meanings behind these food practices and suggest that successful interventions must be grounded in cultural respect and sensitivity.

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